2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 845121

1. Entity Name

CALIFORNIA COMPENSATION INSURANCE COMPANY

Fillicipal Flace of Business	Maining Address				
11171 SUN CENTER DR RANCHO CORDOVA CA 95670 US	11171 SUN CENTER DR LEGAL DEPT RANCHO CORDOVA CA 95670-6113 US				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

FILED May 03, 2000 8:00 am Secretary of State

05-03-2000 90121 041 ***150.00



Sign. Act. 4, etc. City & State City & State City & State City & State Country	2. Principal P	lace of Business	3. Mailing Address			\$				
Second S				DO NOT WRITE IN THIS SPACE						
Country Zip Country Zip Country S. Certificate of Status Desired S4.75 Assistional Feedured S4.75 Assistional Feedur				4.	4. FEI Number 94-0631050					
INSURANCE COMMISSIONER CAPTIOL BUILDING TALIAHASSEE FL 32304 City FL Zip Code City	Zip	Country	Zip	p Country		Certificate of Status Desired			3.75 Additional	
INSURANCE COMMISSIONER CAPTIOL BUILDING TALLAHASSEE FL 32304 City FL Zip Code	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CAPTOL BUILDING TALLAHASSEE FL 32304 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its rog stored office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE FLE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 ITHE SIGNATURE P SECRET AUGUSTS 12. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 ITHE SIGNATURE P SECRET AUGUSTS 13. DELECTOR SIN 11 SIRET AUGUSTS CHANGE AS 4 91302 CITY-51-2P CALABASAS CA 91302 CITY-51-2P CALABASAS CA 91302 CITY-51-2P CALABASAS CA 91302 THE AS DELECTOR SIN 11 ITHE SIRET AUGUSTS AUGUST AUGU					Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. Signature Flick Fl	CAPITOL BUILDING			Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE Summer, speed or primed name of registered agent and 156 if applicable. NOTE Registered Agent signature required when remotively DATE					City		FL	Zip Cod	9	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE P	8. The above	named entity submits this statement for t	he purpose of changing its	registered	office or registered ag	ent, or both, in the State of Florid	da.			
Tax	SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOTI	E. Registered A	gent signature required when r	einstating)	DATE			
TITLE GENTZ, WILLIAM L STREET ADDRESS 26601 AGAOURA RD CALABASAS CA 91302 TITLE SCALABASAS CA 91302 TITLE SAGULE, ROBERT E STREET ADDRESS CITY-ST-ZIP CALABASAS CA 91302 TITLE LAI, DORIS K T STREET ADDRESS CITY-ST-ZIP CALABASAS CA 91302 TITLE AS NIENOW, TRECIA M STREET ADDRESS CITY-ST-ZIP CALABASAS CA 91302 TITLE AS NIENOW, TRECIA M STREET ADDRESS CITY-ST-ZIP CALABASAS CA 91302 TITLE AS NIENOW, TRECIA M STREET ADDRESS CITY-ST-ZIP CALABASAS CA 91302 TITLE AS NIENOW, TRECIA M STREET ADDRESS CITY-ST-ZIP CALABASAS CA 91302 TITLE AS NIENOW, TRECIA M STREET ADDRESS CITY-ST-ZIP CALABASAS CA 91302 TITLE AS NIENOW, TRECIA M STREET ADDRESS CITY-ST-ZIP CALABASAS CA 91302 TITLE AS NIENOW, TRECIA M STREET ADDRESS CITY-ST-ZIP CALABASAS CA 91302 TITLE CALABASAS CA 91302 TITLE AND CENTER DR STREET ADDRESS CITY-ST-ZIP CALABASAS CA 91302 TITLE CALABASAS	Tax filing r	equirement and elects to do so.	After MAY 1, 20	100 Fee w	ill be \$550.00 partment of State	Trust Fund Contribution.		Added	I to Fees	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver entrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

STANDARD AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary 04/28/00

916.859.6536